Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

				Applicant Identifi	Version 7/03
PLICATION FOR DERAL ASSISTANCI	.	2. DATE SUBMITTED 1/		\	
YPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	
plication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	·
Construction	☐ Construction				
Non-Construction	Non-Const	испоп	Organizational Unit		
al Namo: Ca. Land Stawai	dship Institute		Department:		
	The same of the Charles	Agent, and a section of	Division:		
ganizational DUNS:1840929	119		Aslanhan	e number of pers	on to be contacted on matters
Idrest:		-ULIVED -	involving this appli	First Name:	Laurel
reet: :3661 Grand Ave. #204	l ll Jb	AN 1 7 2000	Prefix:		
ly: Oakland			Middle Name Last Name Marc		
ounty: Alameda	STATE	LEARING HOUSE			
tale; CA	Zip Code 94610	THE PROPERTY DESCRIPTION OF THE PROPERTY OF TH	Suffix:		
	<u> </u>		Email: laurolm@ix.n	elcom.co.n	
ountry:USA . EMPLOYER IDENTIFICAT	ION NUMBER (EIN)		Phone Number (give 610 832 3101/ 70/ 8	69 2760	Fax Number (give area code) 510 832 3004/707 869 4492
7 <u>6-0772085</u>			7. TYPE OF APPLI	CANT: (See back	of term for Application Types)
TYPE OF APPLICATION:	New 🗍 Conti	nustion 🗋 Revision	Not for prof	it Organiza	ation
Davielon enter appropriate	letter(s) in box(es)		Other (specify)	_	
See back of form for descrip	lion of letters.)		9. NAME OF FEDE	RAL AGENCY:N	OAA Fisheries
Other (specify)					CANT'S PROJECT:
TITLE (Name of Program): 12. AREAS AFFECTED BY Solano Countles, California	Habitat Conservation PROJECT (Cities, Cou	11.463 Inties, States, etc.):Napa .in	DARRIER REMOV		
			14. CONGRESSIO	NAL DISTRICTS	OF: b. Project 1st, 10th, 7th
13. PROPOSED PROJECT Start Date:3/07	Ending Date: 3/	09	a. Applicant 9th		D. Project Ist, four, 74
•			16. IS APPLICAT	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING		.00	ORDER 12372 PR	REAPPLICATION	/APPLICATION WAS MADE TATE EXECUTIVE ORDER 1237:
a. Federal	\$213,000	.00.	a. Yes. A AVAII	ABLE TO THE S CESS FOR REVIE	TATE EXECUTIVE ORDER 1237
b. Applicant	\$216,440			::1/13/06	
c. State	\$ 0	.00			OVERED BY E O 12372
d. Local	\$0	.00	IN NO II		OT BEEN SELECTED BY STATE
e. Other	\$0	.00			ENT ON ANY FEDERAL DEBT?
f. Program income	\$0	.00	17. IS THE APPL	HANNE DESTRUCTION	
g. TOTAL					X NA
	\$ 431440	,00		ttach an explanat	TRUE AND CORRECT THE
	\$ 431440 KNOWLEDGE AND B	ELIEF, ALL DATA IN THIS		A DI A DI	TRUE AND CORRECT THE
ATTACHED ASSURANCE B. Authorized Representati	\$ 431440 KNOWLEDGE AND B OULY AUTHORIZED BY	ELIEF, ALL DATA IN THIS Y THE GOVERNING BODY E IS AWARDED.		A DI A DI	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCE a. Authorized Representative Prefix	\$ 431440 KNOWLEDGE AND BOULY AUTHORIZED BY S IF THE ASSISTANCE	ELIEF, ALL DATA IN THIS Y THE GOVERNING BODY E IS AWARDED.	APPLICATION/PREA	PPLICATION ARI	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCE a. Authorized Represental Prefix Last Name Marcus	\$ 431440 KNOWLEDGE AND B SULY AUTHORIZED B S IF THE ASSISTANC VE FIRST Name La	ELIEF, ALL DATA IN THIS Y THE GOVERNING BODY E IS AWARDED.	APPLICATION/PREAD OF THE APPLICANT	PPLICATION ARI AND THE APPLIC Middle Name	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCE a. Authorized Representative Prefix	\$ 431440 KNOWLEDGE AND B OULY AUTHORIZED BY S IF THE ASSISTANC IVE FIRST Name Lo	ELIEF, ALL DATA IN THIS Y THE GOVERNING BODY E IS AWARDED.	APPLICATION/PREA OF THE APPLICANT	PPLICATION ARI AND THE APPLIC Middle Name	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE

Prescribed by OMB Circular A-102

FEDERAL ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier
		JANUARY	2006	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier
<u>Application</u>	Preapplication			
☐ Construction	★ ★Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: South Los	Angeles / Ci	ty of	Organizational Unit:	
Economic Alliand	ce / Ar	:tēsia		
Address (give city, county, State,			Name and telephone	number of person to be contacted on matters involving
8929 S. Sepulved				rea code) C. Hui Lai
Los Angeles, CA		cesia, CA9070	•	ity Traffic Engineer
Ste	2. 414	The same of the sa		714) 974-7863
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN)	FIVED	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95 6 0 0	5 2 1 6	Secretary Process Report	A 01-1	N & C
8. TYPE OF APPLICATION:	- JAN	1 7 2006	A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning
		_	B. County C. Municipal	J. Private University
X New		Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)	ARING HOUSE	E. Interstate	L. Individual
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	THE REAL PROPERTY OF THE PARTY	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Non-Profit Dev.
D. Decrease Duration Other(specify):		·	
			9. NAME OF FEDERA	AL AGENCY:
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	[1 1 2 0 0	I .	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
	Į	1 1 - 3 0 0	to suppor	ructure development rt commercial and retail
TITLE:			developme	ent of central business
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ntes, etc.):		and downtown economic
CTMV of ADMECT			developme	ent.
CITY of ARTES	Y		<u> </u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	stricts o f: la T. Sanchez	, C Honry	A. Waxman
Start Date Ending Date	a. Applicant	a 1. Danchez	~	A. Wakillan
05/06 11/06	39th	ı & 29th	b. Project 391	th
15. ESTIMATED FUNDING:	<u> </u>		46 10 4 20 10 4 710 11	OUD FOR TO DEWEN BY OTHER STREET
TO LOTHIATED TONDING.				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	 \$	00	ORDER 12372 PR	ROCESS?
a. 1 333141	1,500,000	•	A VEG THIS DOE	APPLICATION/APPLICATION WAS MADE
b. Applicant	 	00	1	E TO THE STATE EXECUTIVE ORDER 12372
	\$1,500,000	•	1	FOR REVIEW ON:
c. State	\$.00	155255	TOTAL TIEN OIL
			DATE (01/06
d. Local	\$	00		We will find the control and control and the Add Spiritual and Add Con-
			b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
			FOR REV	/IEW
f. Program Income	\$.00		
			17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 3,000,000	00	T Vas If "Vas "	attach an explanation.
			1	-
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IT	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
BILL Raphiel, &	Maria Dadian	10.000., & Ci	ty Manager	(310) 670-6406 & (562) 865-62
d. Signature of Authorized Repré	sentative Hanu	16/10 11.		e. Date Signed
Previous Edition Usable	1 pour	runn -	***	Jan. 2006
O VIOUS EURION COADIC	٠ /			Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

1. TYPE OF S Application Constr Non-Co 5. APPLICAN Legal Name:	AL ASSIST	ANCE	2. DATE SUBMIT		Applicant Identifier	MB Approval No. 0348
Application Construct Non-Construct Application			Janua	ary 19, 2006	Applicant Identifie	
Construction Non-Co 5. APPLICAN			3. DATE RECEIVE	D BY STATE	State Application Identifie	er .
Non-Co		Preapplication Construction				
5. APPLICAN		Non-Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Identifier	
	T INFORMATIO	N Non-Construction				
				Organizational Unit:		
l'SOT In			,	DBA Canby Fa	amily Practice Cli	nic
	city, county, Stat	e, and zip code):		Name and telephone n	number of person to be cor	lacted on makes to
	nty Rd 83			unis application (give ar	rea code)	nacted off matters my
Canby, C	CA 96015			Greta Elliott		
6. EMPLOYE	R IDENTIFICATIO	ON NUMBER (EIN):		530-233-4641		
2 3 -	7 0 5 8			7. TYPE OF APPLICA	NT: (enter appropriate lette	er in box)
	·			A. State	U fodos t t O t - to-	N
B. TYPE OF A	PPLICATION:				H. Independent School Dis	st.
	☑ Ne	w Continuation	Revision	C. Municipal	State Controlled Institution Private University	on at riigher Learning
f Revision on	ter appromints !			1 5	K. Indian Tribe	
	ter appropriate le	ter(s) in box(es)		E. Interstate	L. Individual	
A. Increase A	Award R 🗠	crease Award C. Increa		F. Intermunicipal	M. Profit Organization	
D. Decrease		(specify):	se Duration	G. Special District	N. Other (Specify) <u>non-pr</u>	ofit Rural Health Clin
		. r = ==1/2			(RHC)	
				9. NAME OF FEDERAL	AGENCY:	
				USDA Rural Deve	lopment	
D. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE	UMBER:		E OF APPLICANT'S PRO	
			10-76			
TITLE	;.				are and computer eq	uipment and
		DJECT (Cities, Counties, Si		training costs to im	iplement electronic h	ealth records
Jodes Or		Julian (Cities, Counties, Si	ates, etc.):	(EHR) in the medic	cai department.	
Modoc Cour						
3. PROPOSE	PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
lart Date	Ending Date					
4/1/06	3/31/07	a. Applicant	Γ l= -	b. Project		
. ESTIMATED		1'501	INC.	EHR Implementat	tion Project in the Me	dical Department
				16. IS APPLICATION SL	JBJECT TO REVIEW BY	STATE EXECUTIVE
Federal		\$	- 00	ORDER 12372 PRO		
			29,996	- VEA		
Applicant		\$	000	a. YES. THIS PREAPE	PLICATION/APPLICATION	WAS MADE
			9,950	AVAILABLE T	O THE STATE EXECUTIV	E ORDER 12372
		\$.00	- FRUCESS FO	OR REVIEW ON:	
State			0	DATE	01/19/06	
		\$	00		***************************************	
		\$	0	b. No. PROGRAM	IS NOT COVERED BY E.	O. 12372
Local	1	•	0	OR PROGRA	AM HAS NOT BEEN SELE	CTED BY STATE
State Local Other	j		00	FOR REVIEW	N	
Local	ne	•	UNU			
Local	ne	\$	•	4		
Local Other Program Incom		\$ 	0.	17. IS THE APPLICANT		EDERAL DEBT?
Local Other Program Incom		\$	0 · · · · · · · · · · · · · · · · · · ·	Yes If "Yes " atta	ch an avalenction	-
Local Other Program Incom TOTAL TO THE BES	ST OF MY KNOW	\$	39,946	Yes If "Yes," atta	ch an explanation.	✓ No
Other Program Incom TOTAL TO THE BES	ST OF MY KNOW	\$ LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO	39,946 DATA IN THIS APPLI	Yes If "Yes," atta	ch an explanation.	✓ No
Other Program Incom TOTAL TO THE BES DCUMENT HA	ST OF MY KNOW AS BEEN DULY A SURANCES IF T	\$ LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO HE ASSISTANCE IS AWA	39,946 DATA IN THIS APPLI	Yes If "Yes " atta	ch an explanation.	☑ No
Other Program Incom TOTAL TO THE BES DCUMENT HA TTACHED AS: Type Name of	ST OF MY KNOW AS BEEN DULY A SURANCES IF TO Authorized Repre	\$ LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO HE ASSISTANCE IS AWA	0 39,946 39,946 DATA IN THIS APPLIVERNING BODY OF TREED.	☐ Yes If "Yes," atta ICATION/PREAPPLICATION HE APPLICANT AND THE A	ch an explanation. N ARE TRUE AND CORR APPLICANT WILL COMP	☑ No
Cother Crogram Incom TOTAL TO THE BES CCUMENT HA TACHED ASS Type Name of refa J Ellioti	ST OF MY KNOW AS BEEN DULY A SURANCES IF TO Authorized Repre	S LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO HE ASSISTANCE IS AWA sseniative	0 39,946 DATA IN THIS APPLI VERNING BODY OF T RDED.	Yes If "Yes," atta	ch an explanation.	☑ No
Other OTAL TO THE BES CUMENT HA TACHED ASS Type Name of reta J Ellioti	ST OF MY KNOW AS BEEN DULY A SURANCES IF TO Authorized Repre	S LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO HE ASSISTANCE IS AWA sseniative	39,946 DATA IN THIS APPLIVERNING BODY OF TREED. D. Title Administrator	☐ Yes If "Yes," atta ICATION/PREAPPLICATION HE APPLICANT AND THE A C (5)	ch an explanation. N ARE TRUE AND CORR APPLICANT WILL COMP	☑ No



PART 1 - FACE SHEET

APPLICATION FOR FI	EDERAL ASSISTAL	NCE	1, TYPE OF SUBMISSION:
ALL EIGHTION FOR TH		NOL	Non-Construction
29. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:
•			
2b. APPLICATION IO:	4. DATE RECEIVED:		CRANT NUMBER:
068C058500			65SCPCA003
5. APPLICATION INFORMATION	TIT TO THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PART	Larane and disconnection	AND AND AND AND PART BOARD OF A THE PART AND
LEGAL NAMF: Golden Unbrella, Inc DUNS NUMBER: 964530919		1	NIACT INFORMATION FOR PROJECT DIRECTOR OR OTHER ECONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
ADDRESS (give street address, city, state with	d zin center	NAME: Tina B. B	rown
200 Mercy Oaks Drive	4 241 (d.0,0,2).	YELECHONE NU	JMBER: (530) 226-3012
Redding CA 96003 - 8601		FAXNUMBER: ((530) 223-0658
		INTERNET E-MA	\IL ADDRESS: tina.brown(商chw.cdu
6. EMPLOYER IDENTIFICATION NUMBER (#	IN);	7. TYPE OF APP	PLICANT:
23711537(7a. Non-Profit	
1 10 11 111 111100111111111111111111111		7b. Faith-based or	rganization
8. TYPE OF APPLICATION: NEW X CONTIN	NOITAU	;	
A. Increase Award B. Decrease Award			
D. Decrease Duration			
		9 NAME OF GEL	DERAL AGENCY:
			tion for National and Community Service
	** MICHIGANICA CANADA C		Holling that the Community Co. 1
10a, CATALOG OF FEDERAL DOMESTIC ASS 10b, TITLE: Senior Companion Program	SISTANCE NUMBER: 94.016		TETITUS OF APPLICANTS PROJECT: DEN UMBRELLA
12. AREAS AFFECTED BY PROJECT (List Cit. Shasta County, Siskiyou County, Trinity Coun			
13. PROPOSED PROJECT: START DATE: 04/	(61/6) END DATE: 03/31/08	14. PERFORMAN	NCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING: 9. FCDERAL	S 61,844.00	16. IS APPLICATE ORDER 12372 PF	ION SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
b. APPLICANT	\$ 32,169,00		PREAPPLICATION/APPLICATION WAS MADE AVAILABLE E STATE EXECUTIVE ORDER 12372 PROCESS FOR
c. STATE	\$ 17,313.00	REVIEN	W ON:
d. LOGAL	\$ 14,936.00		
e. Officia	\$ 0,00	"	/ 1/ 10 1 10 10 10 10 10 10 10 10 10 10 10 1
. f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLI	ICANT DELINOUENT ON ANY FEDERAL DEBT?
g. TCYTAL	\$ 94,013,00	YF	FS if "Yes," attach an explanation.
18, TO THE BEST OF MY KNOWLEDGE AND I DULY AUTHORIZED BY THE GOVERNING BO IS AWARDED.	BELIEF, ALL DAYA IN THIS APPLICAT ODY OF THE APPLICANT AND THE A	TION/PREAPPLICAT APPLICANT WILL CO	TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE: b. TITLE:	ALM EXPERIENCE COMMANDE	c. TELEPHONE NUMBER:
Larry Montgonery	Executive Directo	ot.	(530) 226-3017
			d. DATE:
	MA N 1 11(1)(1)(()()()()()()()()()()()()()()		

APPLICATION FOR	_	Constitution		A a allement Idom	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 1-13-06		Applicant Ident	
1. TYPE OF SUBMISSION:	A	3. DATE RECEIVED BY	STATE	State Application	on Identifier ,
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ier
☐ Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit		
COUNTY OF SANTA C	יוום:	•	Department: PUBLIC WORK	s	
Organizational DUNS:	AU2 .		Division:		
_614865751 Address:			ROAD DESIGN	o number of per	rson to be contacted on matters
Street:	AND THE PERSON NAMED IN COLUMN TO PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLU	TO SEEM OF STATE OF THE CASE OF THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	involving this appli	cation (give are:	a code)
701 OCEAN STREET	ROOM BIEC	EIVED	Prefix:	First Name: DON	
City:		A SALAN WARE	Middle Name		
SANTA CRUZ County:	JAN-1	9 2006	JERRY Last Name	•	
SANTA CRUZ			HILL		
State: CA	21p Code 950/6/0TE CLE/	ARING HOUSE	Suffix:		
Country:	7		Email:		
USA 8. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (glve		Fax Number (give area code)
•	•		(831) 454-21		(831) 454-2365
B4-6000530 8. TYPE OF APPLICATION:	<u> </u>				k of form for Application Types)
Ne	w 🗆 Continuati	on 🗋 Revision		(21
if Revision, enter appropriate let	ter(s) in box(es)		B. County		
(See back of form for description	n of letters.)		Other (specify)		
Other (specify)		U	9. NAME OF FEDE	RAL AGENCY:	
4		IAE MUMBER	NOAA Fisher	ries	CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN		11. DESCRIPTIVE	IIILE OF AFFLI	CANT STROSEST
		11-463			· _
TITLE (Name of Program): O	PEN RIVERS IN	ITIATIVE	GOLD GULCH		ERT
12. AREAS AFFECTED BY P	ROJECT (Cities, Counti	es, Steles, etc.):	AND FISHWA	Ľ	
SANTA CRUZ COUNT	Y				
13. PROPOSED PROJECT			14. CONGRESSION	NAL DISTRICTS	
Start Date: 12/1/06	Ending Date: 11/30/08		a. Applicant 1.7		b. Project
16. ESTIMATED FUNDING:	1 11/30/00		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
		.00	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
P. Ledoldi.	4	29,370	_ AVAILA	NBLE TO THE \$1	FATE EXECUTIVE ORDER 12372
b. Applicant	1	02,715	PROCE	SS FOR REVIE	WON .
c. State	5	.00	DATE:	Week of	1/16/06
d. Cocal	<u> </u>	68,760	- PROGI	RAM IS NOT CO	VERED BY E. O. 12372
	5	0	(B, NO □		
e. Other	\$	00.00	LEOPE	CV/EW/	OT BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLIC	ANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TÓTÁL	«	0 .00			S. v.
Ι . Ι	• . 9	00,845	Yes if "Yes" atta		
18. TO THE BEST OF MY KN	OWLEDGE AND BELL	EF, ALL DATA IN THIS A	PPLICATION/PREAPF	LICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES I	F THE ASSISTANCE IS	AWARDED.	TO THE APPEIGANT AT	TO THE ALL SELEC	
a. Authorized Representative	•		Mid	dle Name	
Prefix	First Name THOMAS				
Last Name			Suff	īx	
b. Title	DIMITA CONT.	· · ·	с, т	elephone Numbe	er (give area code)
	PUBLIC WORKS			(831) 454 Bale Signed /	
d. Signature of Authorized Rep	THE THUI	_	ř., -		-12-06

Slandard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 FROM:

PART I - FACE SHEET

APPLICATION FOR F	EDERAL ASSISTAN	CE	1, TYPE OF SUBMISSION:
		~	
DATE SUBMITTED TO CORPORATION CR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATT. RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:
01/20/06			ACCUTIVINGO.
ED. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:
06SR059489	01/20/06	****	Cartinomics (1) 1 March 1981 (1981) 1 1 (1981) 1 (1981)
APPLICATION INFORMATION	the same of the sa		Control of the Contro
EGAL NAME: Volunteer Ctr of Kern County		NAME AND CO PERSON TO BE gran codes):	NTACT INFORMATION FOR PROJECT DIREC'TOR OR OTHER E CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
DUNS NUMBER: 825151087		NAME: Particia	A. Borst
ADDRESS (give street address, city, state ar	od zip code):		UMBER: (661)395-9787
405 S Chester Ave Bakers field CA 93304 - 3652		FAX NUMBER:	
6, EMPLOYER IDENTIFICATION NUMBER (E/M:	7. TYPE OF AP	PLICANT:
·	,	7a. Non-Profit	Francis Francis Africa Francis B N M Brown Annual A
952676423		7b. Volunteer M	tanagement Organization RECEIVED
B. TYPE OF APPLICATION:			Committee of Committee
X NEW CONTI	NUATION		JAN 2 0 2006
REVISION	[]		CTATE OF THE
if Revision, enter appropriate letter(s) in box	(est):		STATE CLEARING HOUSE
A. Increase Award B. Decrease Awa	rd C. Increase Duration		
D. Decresse Duration			- Control of the Cont
and the second second			EDERAL AGENCY:
		Corpor	ation for National and Community Service
	4, ,,	44 95995497	IVE TITLE OF APPLICANTS PROJECT:
10a CATALOG OF FEDERAL DOMESTIC A	SSISTANCE NUMBER: 94.002		
10b. TITLE: Retired and Senior Volunteer P	годіаті	RSVPORK	em County
12 AREAS AFFECTED BY PROJECT (List	Citles, Countles, States, etc):		
ALL OF KERN COUNTY—Bakersheld (nor Arvin/Larront, Buttonwillow, Delano/McFa	mry concentration voluntees/sites). Aland, East Kern Area, Grapevine Area, Edwar		
19. PROPOSED PROJECT: START DATE:	04/01/06 END DATE: 03/31/09	14. PERFORM	IANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:			ATION SUBJECT TO REVIEW BY STATE EXECUTIVE
s. FEDERAL	\$ 57,459.00	ORDER 12372	
b. APPLICANT	\$ 40,796.00	то	S PREAPPLICATION/APPLICATION WAS MADE AVAILABLE THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
c. STATE	\$ 0.00		/IEW ON: IE: 01-APR-06
d. LOCAL	\$ 0.00		
e, OTHER	\$ 40,796.00		
1. PROGRAM INCOME	S 0.00	17. IS THE AP	PUCANT DELINQUENT ON ANY FEDERAL DEBT?
I. TOTAL	,		YES if "Yes," attach an explanation. X NO
	\$ 98,235.00	L	
			CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANC
a. TYPED NAME OF AUTHORIZED REPRE	SENTATIVE: b. TITLE:		c. TELEPHONE NUMBER;
Brenda K. Ratliff	Executive Directo	r	661-395-9787
Bunda A	Patliff		d. DATE: 01/20/06 1/20/06

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ide	ntifier version 770
1. TYPE OF SUBMISSION:		1/23/06 3. DATE RECEIVED E	BY STATE	State Applica	tion Identifier
Application	Pre-application			V Fadaral Idaa	IG.
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENC	Y Federal Ident	mer
Non-Construction 5. APPLICANT INFORMATION	<u> </u>				
Legal Name:			Organizational U	nlt:	
Mattole Salmon Group (Tom Ca	ampbell)		Department:		
Organizational DUNS: 835691445			Division:		
Address:					erson to be contacted on matters
Street: 1890 Lighthouse Rd (po box 18	8)		involving this ap	First Name:	a code)
Cibe			Mr. Middle Name	Tom	
City: Petrolia			С		AND THE RESERVE OF THE PARTY OF
County: Humboldt		_	Last Name Campbell		-
State: CA	Zip Code 95558		Suffix:		
Country: US	1		Email: tom@mattolesalm	an om	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (gir		Fax Number (give area code)
94-2762508	7		707-629-3433		707-629-3435
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
₩ Nev		n Revision	O-Non profit organ	ization	
If Revision, enter appropriate lett (See back of form for description	of letters.)	[Other (specify)		
Other (specify)		Ш	9. NAME OF FED	ERAL AGENCY:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	E NUMBER:	11 DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
					abitat Enhancement Project
TITLE (Name of Program): Habitat Conservation		11-463		_	·
Habitat Conservation 12. AREAS AFFECTED BY PR	O.IECT /Cities Counties	States etc.):	_		
Petrolia, Humboldt County, CA	ODEOT (Ottos, Cournes	, <i>Glates, Glo.)</i> .			
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date: 10/1/2006	Ending Date: 12/31/2007		a. Applicant CA 1st		b. Project CA 1st
15. ESTIMATED FUNDING:	1231/2001			ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$			ORDER 12372 PR		VAPPLICATION WAS MADE
		60,137.87	a. Yes. IZI AVAIL	ABLE TO THE ST.	ATE EXECUTIVE ORDER 12372
b. Applicant \$		17,220		ESS FOR REVIEV	N ON
c. State \$		125,612	DATE:	1/23/06	
d. Local \$		O	b. No. PROG	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		2,368			T BEEN SELECTED BY STATE
f. Program Income \$		0.80		EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			 ☐ Yes If "Yes" att	ach an explanation	n. 🛂 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	202,723,40 ALL DATA IN THIS AF	PLICATION/PREAPE	LICATION ARE 1	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative		TOTAL DED.			
Prefix Mr.	First Name Tom		Mide c	ile Name	
Last Name Campbell			Suff	ix	
b. Title Executive Director				elephone Number -629-3433	(give area code)
d. Signature of Authorized Repre	sentative		e. D	ate Signed	
Previous Edition Usable	WELL.		1/2	3/06	Standard Form 424 (Rev.9-2003)
Authorized for Lacal Reproduction	п				Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE	E	2. DATE SUBMITTED December 8, 2005		Applicant Ide	Version 7. ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED		State Applica	tion Identifier
☑ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	ifler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
County of El Dorado			Department:	ral Services	
Organizational DUNS: 07-154-3201			Division:		
Address:			Name and telephone	number of ne	rson to be contacted on matter
Street: 360 Fair Lane			involving this applic	ation (give are	a code)
City:			Mr.	First Name: Dave	
City: Placerville			Middle Name		
County: El Dorado			Last Name Nicolls		
State: Califomia	Zip Code 95667		Suffix:		
Country: USA	4		Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		dnicolls@co.e Phone Number (give ar	ea code)	Fax Number (give area code)
94-6000511			(530) 622-0459	/	530-622-0270
. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See back	of form for Application Types)
Revision, enter appropriate lette	Continuation	n 🔲 Revision	B. County	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDERA	LACTHOY	
			Federal Aviation Admi	nistration	
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT		
ITLE (Name of Program):		20-106	Georgetown Airport, G Rehabilitate Existin	eorgetown, El	Dorado County, California
Airport Improvement Program			The same of the sa	granway 10-c	T-Fliase S
2. AREAS AFFECTED BY PRO		States, etc.):			
Georgetown, El Dorado County 3. PROPOSED PROJECT	, California				
tart Date:	Ending Date:		14. CONGRESSIONAL a. Applicant		DF: b. Proiect
005 5. ESTIMATED FUNDING:	2005		04		04
			16. IS APPLICATION S ORDER 12372 PROCE	SUBJECT TO I	REVIEW BY STATE EXECUTIVE
. Federal \$	produces and enter the communication and the communication of the commun	87,035	THIS PRE	APPLICATION	APPLICATION WAS MADE
. Applicant	ECEIVED	229	PROCESS	FOR REVIEW	TE EXECUTIVE ORDER 12372 ON
State \$		- 00	DATE: De	cember 9, 2005	;
Local \$ J	AN 2 3 2006	4,352			RED BY E. O. 12372
Other \$		WE 00	J 5. 110. Mag		
Program Income \$	E CLEARING HOUS	00	FOR REVIE	W	BEEN SELECTED BY STATE
		•	17. IS THE APPLICAN	T DELINQUEN	TON ANY FEDERAL DEBT?
TOTAL \$		91,616	Yes If "Yes" attach a	n explanation.	⊠ No
B. TO THE BEST OF MY KNOW	LEDGE AND BELIEF,	ALL DATA IN THIS API	DI ICATION/DDE ADDI IC	ATION ADE TO	WE AND CORDER TO
TACHED ASSURANCES IF TH	OTHER DE THE G	OVERWING BUILT UP	THE APPLICANT AND T	HE APPLICAN	T WILL COMPLY WITH THE
Authorized Representative	irst Name		.		
	irst Name Ceith		Middle N	ame	
st Name ech			Suffix		
Title Director of General Services	4 /	1	c. Teleph (530) 62	one Number (g	ive area code)
				I=:WAL/	
Signature of Authorized Represe	ntative A	Va.	e. Date S	ianad .	12-06

APPLICATION FOR		O DATE CURNITY	·	Applicant Ident	Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITT December 30, 2	2005	, ,	
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE	State Application	on Identifier
Application	Pre-application	4 DATE RECEIVE	D BY FEDERAL AGENC	Y Federal Identifi	ier
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	<u> </u>	ion			
Legal Name:			Organizational U	nit:	
City of Chico	Sharet States	The Resear & S. A. Bonney Barrell	Department:	rport Administration	
Organizational DUNS:	Sance Control	CEWED	Division:	irports	
08-528-7522	<u> </u>		Name and teleph	one number of per	rson to be contacted on matters
Address: Street:	I JA	N 2 3 2006	involving this ap	plication (give area	a code)
P.O. Box 3420	S.C. COLLEGE		Prefix:	First Name: Greg	
City:	STATE	CLEARING HOUSE	Middle Name		
City: Chico			Last Name		
County: Butte			Jones		
State: California	Zip Code 95927		Suffix:		
Country:			Email:	ci.chico.ca.us	
USA 6. EMPLOYER IDENTIFICATI	ON NUMBER (FIM)		Phone Number (g		Fax Number (give area code)
			(530) 896-7203		(530) 895-4825
94-600030	8		, , ,	LICANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	[[]] C4:	uation Revision		270, 1111 (000 000	, , , , , , , , , , , , , , , , , , , ,
No. If Revision, enter appropriate le	etter(s) in box(es)	nation Kevision	O. Mariicipai		
(See back of form for description	on of letters.)	П	Other (specify)		
Other (specify)				DERAL AGENCY:	
			Federal Aviation		CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC ASSIS		China Municipal	Airport, Chico, Butte	
		2 0 - 1 0	Expansion of	ARFF Building	
TITLE (Name of Program): Airport Improvement Program			Engineering I	Design - Phases 2 th	nru 5 - Reconstruction of Existing ehabilitation of Airfield Lighting
12. AREAS AFFECTED BY P	ROJECT (Cities, Co.	unties, States, etc.):	Aircrait Par	King Apron and of K	ellabilitation of Airlied Lighting
City of Chico, Butte County a	and Adjacent Countie	es			
13. PROPOSED PROJECT				IONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant 2nd		b. Project 2nd
2006 15. ESTIMATED FUNDING:	2006		16, IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED TONDING:		00	ORDER 12372 P	ROCESS?	N/APPLICATION WAS MADE
a. Federal	\$	1,671,050	a. Yes. 🖭 AVA	VILABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant	\$	87,950 ·	PRO	OCESS FOR REVIE	W ON
c. State	\$	07,550	DAT	E: January 5, 2006	;
		00	PP(OGRAMIS NOT CO	VERED BY E. O. 12372
d. Local	\$	•	[D. NO. 11,1		
e. Other	\$. 00		PROGRAM HAS NO R REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$		17. IS THE APP	LICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
			34190		on. 🗷 No
g. TOTAL	 \$	1,759,000	☐ Yes If "Yes"	attach an explanation	* * * *
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	_Y AUTHORIZED BY	THE GOVERNING BO	HIS APPLICATION/PREA DY OF THE APPLICANT	APPLICATION ARE AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	THE ASSISTANCE	LIO AVANIDED.	- L	Adda Norsa	
Prefix Mr.	First Name Greg			⁄liddle Name T.	
Last Name	1 3			Suffix	
Jones b. Title			ļ.	c. Telephone Numbe	er (give area code)
City Manager	Togotativa			(530) 896-7203 e. Date Signed	7 /00
d. Signature of Authorized	presentative			1/K	3/06

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANC	E	2. DATE SUBMITTED JAN 2006		Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Applica	tion Identifier
Construction	☑ Construction	4. DATE RECEIVED B	Y FEDERAL AGEN	ICY Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	Y	117 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Organizational	Unit:	
PINE HILLS MUTUAL WATER	COMPANY		Department: USDA		
Organizational DUNS: 15-572-5757			Division:	DEVELOPMENT	TATALAN TA
Address:			Name and telep	phone number of pe	erson to be contacted on matters
Street: PO BOX 725			involving this a	application (give are First Name:	ea code)
City at			MR. Middle Name	ВОВ	
City: JULIAN					
County: SAN DIEGO			Last Name LAW		
State: CA	Zip Code 92036		Suffix:		
Country:			Email:	pinehavn@abac	com
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number		Fax Number (give area code)
95-1109460			(760) 765-2256		
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate let		n Revision	MUNICIPAL		
(See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FE	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:		VE TITLE OF APPLI	CANT'S PROJECT:
		1 0 - 7 6 0	WATER SYSTE	M IMPROVEMENTS	3
TITLE (Name of Program):	ATTHE AND WASTE		-		
12. AREAS AFFECTED BY PR			-		•
SERVICE AREA OF PHMWC:	PORTION OF JULIAN, O	CA			
13. PROPOSED PROJECT	Je u Di			IONAL DISTRICTS	april and the second se
Start Date: OCT 2006	Ending Date: APRIL 2007		a. Applicant	49	b. Project 49
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		899,000 ·		S PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$		099,000	_ AVA	ILABLE TO THE ST OCESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 W ON
c. State \$		00	DAT	.E.	
			DDG		/ERED BY E. O. 12372
d. Local \$			D. NO. 11.1		
e. Other \$		•		PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$. 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		899,000		attach an explanatior	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE 1 AND THE APPLICA	FRUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		l _M	iddle Name	
Prefix MR.	First Name BOB				
Last Name LAW	·	good to an extensive convenience of the intermeter of a facility of the convenience of th	Charles and the of these and the company of the com	uffix	
b. Title (Sen Ung.	R. a	DECEN	/ C.	Telephone Number	(give area code)
d. Signature of Authorized Repre	gentative /	The When I	e.	Date Signed	1 700/
Previous Edition Usable	0010 Jeou	JAN 2 3	2006	17 147	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	on .		Domestick		Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

JAN 24 '06 11:42AM AQM	D FINANCE		P.2
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITT 1/24/0b	Applicant Identifier
TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	□ Construction □ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-05-0
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MAN.	AGEMENT DISTRICT	Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765	RECEIVED	Name and telephone number of the person to be cor application (give area code) Mary Leonard (909) 396-2780	ntacted on matters involving this
6. EMPLOYER IDENTIFICATION (EIN): 953099419	JAN 2 4 2006		ant School District colled Institution of Higher
Organizational DUNS: 025986159	2 4 2006	D. Township K. Indian Tri E. Interstate L. Individual F. Intermunicipal M. Profit Or,	-
8. TYPE OF APPLICATION:	RING HOUSE	9. NAME OF FEDERAL AGENCY:	
☐ New √ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Durat Other Specify:		U.S. Environmental Protection Ag	ency
		11. DESCRIPTIVE TITLE OF APPLICANT'S PR	AMECT.
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66,001 TITLE: Air Pollution Control Pro	ogram Support	FY 2004-05 Air Pollution Control Program	
12. AREAS AFFECTED BY PROJECT (cities, counties	, states, etc.):		
Orange, and the and non-desert areas of and Riverside Counties	San Bernardino, Los Angeles,		
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:		
Start Date End Date	a. Applicant:		b. Project
10/01/05 09/30/06	23-48		23-48
15 Estimated Funding:		16. IS APPLICATION SUBJECT TO REVORDER 12372 PROCESS? A. YES. THIS PREAPPLICATION/APPLICA	PLICATION WAS MADE SUTIVE ORDER 12372 BY 2.0. 12372
a. Pedcral	\$ 713,776		-
b. Applicant	\$ 0	·	
c. State	\$ 0		
d. Locai	2		
c. Other	s	17. IS THE APPLICANT DELINQUENT ON AN	
1. Program Income	S	Yes If "Yes" areach an explanation.	V No
g. TOTAL	\$ 713,776		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL GOVERNING BODY OF THE APPLICANT AND THE AP		ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D. Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative	lucin		a. Date Signed
Previous Editions Not Usable			Sighdard Form 424A (REV 4-98)

				Applicant Identif	ier
PLICATION FOR DERAL ASSISTANCE		2. DATE SUBMITTED			
YPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicatio	n Identiner
plication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	er -
Construction	Construction	4, DATE			
Non-Construction	Non-Construction				
al Name:			Organizational Unit		
y of Coachella			City Ma	anager	
ganizational DUNS:	55225	The second section is the second seco	Division:		
dress:	55225	JAN 2 6 2006	Name and telephor involving this appli	le number of per ication (give area	son to be contacted on matters code)
eet: 1515 Sixth Street		LIVED	Prefix:	First Name:	nn Frances
1515 Sixiii Sireer		JAN 2 6 2000 -	Middle Name		IIII F TONGGO
y: Coachella		2006	1		
ounty:		E CLEARING HOUSE	Last Name Gard	ia	
Riverside	Zip Code	HOUSE	Suffix:		
ate: CA	92236		Emails		
ountry: USA			Phone Number (give	a@prodigy.net	Fax Number (give area code)
EMPLOYER IDENTIFICATI	ION NUMBER (EIN):		ì	; a. 64 UA/=)	(760) 462-3644
95-600069			(760) 554-7504	CANT: /See hac	k of form for Application Types)
TYPE OF APPLICATION:			7. TYPE OF APPLI	CMMI. (Occ. ppc	to we continue to the second
₩ N	ew Continuat	ion F Revision	C. Municipal		
Revision, enter appropriate k ee back of form for description	etter(s) in box(es)		Other (specify)		
ee dank of term ter a ====+b=			9. NAME OF FEDE	RAL AGENCY:	-i Devolopmost)
			LLO Banados ARTA	€ Δασιαιίθιαα (HCI)	
* *	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ai Development) ICANT'S PROJECT:
other (specify) O. CATALOG OF FEDERA	L DOMESTIC ASSISTA	10-760	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT: voir and Pump Station.
O. CATALOG OF FEDERA	oan and Grant Program	10-760	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
0. CATALOG OF FEDERA	oan and Grant Program	10-760	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
O. CATALOG OF FEDERAL TILE (Name of Program): Water and Weste Disposal L. 2. AREAS AFFECTED BY 1 City of Coachella	oan and Grant Program	10-760	11. DESCRIPTIVE Construction of a	TÎTLE OF ÂPPL	ICANT'S PROJECT: voir and Pump Station.
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Weste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 3. PROPOSED PROJECT	oan and Grant Program PROJECT (Cities, Coun	10-760	11. DESCRIPTIVE Construction of a r	TÎTLE OF ÂPPL	icant's Project: yoir and Pump Station. 6 OF: b. Project
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Weste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 3. PROPOSED PROJECT Start Date:	oan and Grant Program	10-760	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant	TITLE OF APPL	icant's Project: voir and Pump Station. S OF: b. Project Water Project
O. CATALOG OF FEDERAL TILE (Name of Program): Nater and Waste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 13. PROPOSED PROJECT Start Date: 04/06	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	10-760	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant City of Coachella 16. IS APPLICAT	TITLE OF APPL THE WATER RESERVE TOWN DISTRICTS	icant's Project: voir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTIVE
O. CATALOG OF FEDERAL TILE (Name of Program): Nater and Weste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 13. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING:	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	1 0 - 7 6 0	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. D THIS AVAIL	TITLE OF APPL DISTRICTS TON SUBJECT TOOCESS? TO THE SUBJECT TOOCESS?	icant's Project: voir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTION SN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Waste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 13. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING: a. Federal	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	10-760 ties, States, etc.):	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. OTHIS	TITLE OF APPL DAW Water Reserved DNAL DISTRICTS TON SUBJECT T ROCESS?	icant's Project: voir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Weste Disposal L. 12. AREAS AFFECTED BY IT City of Coachella 13. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING: a. Federal b. Applicant	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	1 0 - 7 6 0	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. OTHIS	TITLE OF APPLICATION SUBJECT TO COCESS? PREAPPLICATION TO THE SCESS FOR REVIEWS	icant's Project: voir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Waste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 13. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING: a. Federal	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	10-760 ties, States, etc.):	11. DESCRIPTIVE Construction of a r 14. CONGRESSIO a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. AVAII PROC	TITLE OF APPL DNAL DISTRICTS TON SUBJECT TO PREAPPLICATION LABLE TO THE SICESS FOR REVIE	icant's project: yoir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTION ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237
O. CATALOG OF FEDERAL ITLE (Name of Program): Nater and Waste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 3. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	10-760 ties, States, etc.):	14. CONGRESSIO a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. AVAII PROC	TITLE OF APPLINAW Water Reserving ONAL DISTRICTS TON SUBJECT TO CCESS? PREAPPLICATION LABLE TO THE SCESS FOR REVIIES ET AM IS NOT CO	icant's Project: voir and Pump Station. S OF: b. Project Water Project O REVIEW BY STATE EXECUTION ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372
O. CATALOG OF FEDERAL TITLE (Name of Program): Nater and Weste Disposal L. 2. AREAS AFFECTED BY I City of Coachella 13. PROPOSED PROJECT Start Date: 04/06 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	oan and Grant Program PROJECT (Cities, Coun Ending Date: 04/07	10-760 ties, States, etc.): 5,000,000 3,500,000	11. DESCRIPTIVE Construction of a r 14. CONGRESSIC a. Applicant City of Coachella 16. IS APPLICAT ORDER 12372 PR a. Yes. AVAII PROD DATE b. No. IT PRO	TITLE OF APPLINAW Water Reserved Ton Subject Trocess? PREAPPLICATION THE SCESS FOR REVIEW CRAMER TO THE SCENE	icant's project: yoir and Pump Station. S OF: b. Project Water Project Water Project O REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
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APPLICATION FOR	2. DATE SUBMITTED	E CUDMITTED		Version 7/03 Applicant Identifier				
FEDERAL ASSISTANCE								
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applica	State Application Identifier			
☐ Construction	X Construction	4. DATE RECEIVED BY	FEDERAL AGE	Federal Ident	ifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organizational Unit:					
RATTE AN SDEWAG	Park-CSD		Department:					
Borrego Springs Organizational DUNS: 607		Division:						
Address:	33 1131		Name and tel	enhane number of ne	erson to be contacted on matters			
Street:	The second secon	involving this application (give area code)						
2990 Borrego Valley Road - P.O.Box 306			Prefix: Mr.	First Name:	Larry			
County Springs			Middle Name	W.	3			
SAN DIEGO			Last Name Linder					
State:CA	State: CA Zip Code 92004			Suffix:				
Country: U.S.A.			Email: linder @ cwo.com					
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area code) Fax Number (give area code)					
45-2625445		760-480-8414						
8. TYPE OF APPLICATION:		,	_	•	ck of form for Application Types)			
New If Revision, enter appropriate lett		n Revision	G. Special District					
(See back of form for description			Other (specify)		Vegen.			
Other (specify)			9 NAME OF F	EDERAL AGENCY:				
			USDA.	Kural Develos	PMENT / HECE			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLI	*			
TITLE (A)		10-763		Je361.	1 JAN 9 m			
TITLE (Name of Program):	rgency Community	Water Assistance			STATE			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):			STATE CLEARING			
ENTITE CSD Area,	1,400 Acres							
13. PROPOSED PROJECT Start Date:	Ending Date:	MANAGEMENT AND		SSIONAL DISTRICTS	OF:			
Start Date.	Ending Date.		a. Applicant	52	b. Project 52			
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE			
a. Federal \$	460,0	200	a Voc III Th	IIS PREAPPLICATION	N/APPLICATION WAS MADE			
b. Applicant \$,,,,,,,	.00	AV	ROCESS FOR REVIEN	ATE EXECUTIVE ORDER 12372 W ON			
c. State \$		00	DA	ATE:				
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f. Program Income \$. 00	FC	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?			
g. TOTAL \$	460,00	00	[] V 15(0)		N			
18. TO THE BEST OF MY KNO				" attach an explanation	* *			
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T						
a. Authorized Representative Prefix .	First Name			Middle Name				
Prefix Mr.	LARRY	7.00 AUG 1971		ω .				
Last Name Linder			Suffix					
Title General Manager				c. Telephone Number (give area code) 760~480-8414				
I. Signature of Authorized Representative				e. Date Signed				
	Juny	V/1000						

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR							Ver	rsion 9/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 02/01/2006		(Applicant Identifier				
]		
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY STATE			State Application Identifier		_	
Application	Preappli]	
Construction	_	struction	4. DATE RECEIV	ED BY FEDERAL A	GENCY	Federal ido	ontifier		
Non-Construction	Non-	-Construction							
5. APPLICANT INFORMATION				Organizational Unit:					
* Legal Name: San Francisco State University			Department; NERR						
* Organizational DUNS:	9425149	85		Division: College of Science and Enginee					
Address:				Name and telephone number of person to be contacted on matters involving					
Street1; 1600 Holloway Avenu	10	¥		this application (give area code)					
Street2: ADM 469				Profix: Dr. * First Name: Jalme					
* City: San Francisco	-	ounty San Fran	cisco	Middle Name:					
* State: CA * Zip C				* Last Name; K	* Last Name: Kooser				
	oda: 941		ntry USA	Suffix:	* Er	mail; [koos	er@afau.edu		
6. * EMPLOYER IDENTIFICATION	N NUMBE	R (EN)	· · · · · · · · · · · · · · · · · · ·	* Phone Number	(give area	codé) F	ax Number (give area code)		
93-1137247		_ HEC	TH/En	415-338-3703					
8. TYPE OF APPLICATION:		1.	W home Lad	7. TYPE OF AP	PLICANT:	3-Controlle	d Institution of Highe		
✓ New ☐ Continuation		Revision FEB	0 1 2006	Other (apecify)					
If Revision, enter appropriate letter(a) in box(e	S) STATE							
A, Increase Award B, Decrease Award	C, Inc	rease STANDE CLE	ARING HOUSE	9. * NAME OF FEDERAL AGENCY:					
D. Doornese Duration Other (*pocify);			National Oceanic and Atmospheric Administration						
10. CATALOG OF FEDERAL DON	ESTIC A	SSISTANCE	11.420	11. * DESCRIPTI	VE TITLE	OF APPLIC	CANT'S PROJECT:		
TITLE: Coastal Zone Management Estuarine Research Reserves				Rush Ranch Facilities Construction Project					
12. * AREAS AFFECTED BY PRO	JECT	(Cilios, Counties, Sietes, etc.	. ju						
Fairfield, Solano County, California		Tomos, Southman, arran, 416,	J. 1						
	···								
13. * PROPOSED PROJECT:			_	14. * CONGRESS	SIONAL DI	STRICTS C	OF:		
* Start Date		* Ending Date		* a. Applicant	****		* b. Project		
07/01/2006		06/30/2007	•	8			7		
15. * ESTIMATED FUNDING:				16, IS APPLICAT	LEUZ NOI	ECT TO RE	VIEW BY STATE EXECUTIV	/F	
* a. Federal	s [407,800.	00	ORDER 12372 PF	ROCESS?				
b. Applicant	S	200,400.0	00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				TO	
* c. State	\$	0.0	00	✓ YES	DATE	02/01/2	006		
* d. Local	s [0.0	00	b. PROG	RAM IS NO	COVERED	BY E.O. 12372		
* o. Other	2	0.0	00	☐ OR PR	OGRAM HA	AS NOT BEE	N SELECTED BY STATE FOR F	REVIEW	
* f. Program Income	s	0.0	00	17. IS THE APPLI	ICANT DE	LINQUENT	ON ANY FEDERAL DEBT?	_	
g. TOTAL	5	668.000,0	00	Yes If "Y	es," attach	an explana	ation,	No	
18. " TO THE BEST OF MY KNOWLEDGE AI GOVERNING BODY OF THE APPLICANT AN	ND BELIEF, ID THE APP	ALL DATA IN THIS APP LIGANT WILL COMPLY	LICATION/PREAPPLICATION	ATION ARE TRUE AND CO ASSURANCES IF THE AS	ORREGT, THE	E DOGUMENT S AWARDED.	MAS BEEN DULY AUTHORIZED BY	THE	
A. Authorized Prefix: Dr. * First Name: Kenneth Middle Name									
Last Name:	Paap					Su	ffix:		
b. Title: Associate Vice President c. Telephone Number (give area code): 415-338-7091									
* Email: kenp@sfsu.edu				nber (give area code	· ·	415-338			
1. Signature of Authorized Represen	tative:	Completed	on submission to				eted on submission to Grants	-dov	

APPLICATION FOR	·)				Version 9		
FEDERAL ASSISTAN	ICE	2. DATE SUBM	ITTED	Applicant Identific	ər		
1. TYPE OF SUBMISSION: Application Preapplication		3. DATE RECEIVED BY STATE					
			VED BI SIAIE	State Application	Identifier		
Construction	Construction	A PANEL					
✓ Non-Construction	Non-Construction	4. DATE RECE	VED BY FEDERAL AGENCY				
5. APPLICANT INFORMATION		<u> </u>	Organization	NOSOCRM-2006-	2000469		
* Legal Name: REGENTS OF I	UNIVERSITY OF CALIFORN	IIA DAVIS	Organizational Unit:				
* Organizational DUNS:	047120084	TIA DAVIS	, , , , , , , , , , , , , , , , , , , ,	E OF GRADUATE ST	rudies		
Address:			Division:				
* Street1: C/O SPONSORED PR	ROGRAMS OVCR		Name and telephone num this application (give area	nber of person to be o	ontacted on matters involving		
Street2: 250 MRAK HALL, 1 S	***************************************			First Name: DEBOR	AU		
* City: DAVIS			Middle Name:		T/I		
(County	P	* Last Name: MCCOOK				
	de: 95616 Coun	itry USA	,	Email: DLMCCOOK	(@IICDA)(C.5D.)		
6. * EMPLOYER IDENTIFICATION	NUMBER (FM):	VED	* Phone Number (give are		iber (give area code)		
			530-752-0653	TO T	per (give area code)		
8. TYPE OF APPLICATION: New Continuation	JAN 3 1	2006	7. TYPE OF APPLICANT	T: e-Controlled Institu	ution of Higher		
New Continuation If Revision, enter appropriate letter(s)	Revision						
A. Increase Award B. Decrease Award		G HOUSE					
D. Decrease Duration Other (specify):	C. Increase Duration		9. * NAME OF FEDERAL AGENCY:				
0. CATALOG OF FEDERAL DOME			National Oceanic and Atm	ospheric Administrati	on		
		11.420	11. * DESCRIPTIVE TITLE	E OF APPLICANT'S	DDO ISCT.		
TITLE: Coastal Zone Management Es	tuarine Research Reserves		Does disturbance facilitate				
12. " AREAS AFFECTED BY PROJE	ECT (Cities, Counties, Stales, etc.).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I mvasive gastropods and e	utrophication in mudf	flat communities within the		
SAN FRANCISCO BAY NERR ELKHORN SLOUGH NERR			National Estuarine Resea	rch Reserve System			
13. * PROPOSED PROJECT:							
			14. * CONGRESSIONAL D	ISTRICTS OF:			
Start Date	* Ending Date		* a. Applicant	* b. Pro	piect		
06/01/2006	05/31/2007		1	CALIFO			
5. * ESTIMATED FUNDING:			16. IS APPLICATION SUB.				
a. Federal	\$ 19,933.20)	ONDER 12372 PROCESSY	,			
b. Applicant	\$ 0.00)	a. YES. THIS PREAPPLICATI THE STATE EXECUTIVE ORI	ON/APPLICATION WAS	MADE AVAILABLE TO		
c. State	\$ 8,566.80		✓ YES DATE	= 0200	SOUTH ALE AN OLA!		
d. Local	\$ 0.00		_	OT COVERED BY E.O.			
e. Other	\$ 0.00		ſ <u></u>				
. Program Income	\$ 0.00				TED BY STATE FOR REVIEW		
TOTAL	\$.!	17. IS THE APPLICANT DE		FEDERAL DEBT?		
TO THE BEST OF MY KNOWLEDGE AND B		CATION/COSTACTION	Yes If "Yes," attach		✓ No		
TO THE BEST OF MY KNOWLEDGE AND B VERNING BODY OF THE APPLICANT AND TO	HE APPLICANT WILL COMPLY WI	TH THE ATTACHED AS	TON ARE TRUE AND CORRECT. THE SSURANCES IF THE ASSISTANCE IS	E DOCUMENT HAS BEEN : S AWARDED.	DULY AUTHORIZED BY THE		
eprésentative	* First Name: EDWA		Middle Nar	,,			
* Last Name: CA	SWELL-CHEN		The second secon	Suffix:			
. Title: ASSOCIATE DEAN, OFFIC		c. Telep	hone Number (give area code				
Email: DLMCCOOK@UCDAVIS.ED			er (give eree code):	530-752-6222			
Signature of Authorized Representation	ve: Completed o	n submission to Gr	rants.gov e. Date Sign		ubmission to Grants.gov		
rious Edition Usable				Completed on S	domination to Grants.gov		

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier **APPLICATION FOR** January 24, 2006 OXR 04-1 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY □ Construction Construction Federal Identifier NPIAS 3-06-0179-25 ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Department of Airports County of Ventura Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) Department of Airports Todd McNamee 555 Airport Way (805) 388-4200 Camarillo, CA 93010 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В 4 5 6 0 0 0 H. Independent School Dist. Α State State Controlled Institution of Higher Learning B. County Municipal Private University 8. TYPE OF APPLICATION: C. D. Township K. Indian Tribe Interstate Individual New ☐ Continuation Revision E. F. Intermunicipal Profit Organization Special District Other (Specify) G. N. If Revision, enter appropriate letter(s) in box(es): B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration Federal Aviation Administration Western Pacific Region 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 0 6 2 0 1 ASSISTANCE NUMBER: Rehabilitate and Realign Perimeter Road (design & construction) Rehabilitate Airport Pavement Including Drainage, west apron (construction) TITLE: Airport Improvement Program JAN 3 0 2006 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATE CLEARING HOUSE Ventura County 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date **Ending Date** a. Applicant 21 19 and 21 December 2006 July 2006 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal 1.500,000.00 \$ b. Applicant \$ 78,947.00 DATE c. State .00 s b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local .00 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other 00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ ⊠ No Yes g. TOTAL If "Yes." attach an explanation. 1,578,947.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative Director of Airports (805) 388-4200 Todd McNamee e. Date Signed d. Signature of Authorized Representative January 23, 2006

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